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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control **Application Number** @W/771791(Patent No. 2108713) **POWER OF ATTORNEY** Filing Date Amusty 29, 2601 OR First Named Inventor Scott Dauglas Augustine REVOCATION OF POWER OF ATTORNEY Title Surgical Barrier Device Incorporating An inflatable ... WITH A NEW POWER OF ATTORNEY Art Unit Conficeration Number 5139 AND Examiner Name CHANGE OF CORRESPONDENCE ADDRESS Attorney Docket Number 69365USD09 I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith. hereby appoint Practitioner(s) associated with the following Customer 32692 X Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: I hereby appoint Prectitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith Practitioner(s) Name Registration Number Please recognize or change the correspondence adgress for the above-identified application to: The address associated with the above-mentioned Customer Number. กต 32692 The address associated with Customer Number: x OR Individual Name Address Zip City State Country Telephone Freside I am the Applicant/Inventor. OB Assignee of record of the entire interest. See 37 CFR 3.71 × Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on SIGNATURE of Applicant or Assignee of Record Signature THULL Cate Talephone Secretary, Assent Healthcare Inc. ACTE Symmetry of all the exeminal or easigness of record of the code mores or their representatives) are required flution muricial forms if more than any

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